

# Analysis of the Mental Health of Professionals who Work on the Front Line of Combat by Covid-19 in an Early Care Unit in the City of Marataizes-ES

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**Abstract—** The present work is the result of a research referring to “Mental Health Analysis of Professionals working in the Front Line to Combat COVID-19 in an Emergency Care Unit of Marataizes - ES”, because we experiencing a great pandemic With the new Coronavirus (SARS-CoV-2), whose disease is called COVID-19, which is highly contagious, being considered one of the great health challenges on the global scale. ItIt was carried out in an emergency care unit in the city of Marataizes-ES" with the objective of measuring the impact of COVID-19 on the mental health of Emergency Health Care Professionals (UPA) in the municipality of Marataizes - ES. The subjects of the research were 45 (forty-five) employees. It was a qualitative research, through bibliographic studies with field research. The results revealed that it is necessary that the health of these professionals needs attention, and should be associated with their physical, mental, emotional and social well-being. The Final Product elaborated was a booklet aimed at promoting the quality of life and mental health of health professionals in order to contribute to awareness and awareness to face the challenges, in view of the scenario of the pandemic of COVID -19.

## I. INTRODUCTION

in the year 2020a new disease started in China and spread to other parts of the world, causing worry and fear. Brazil was also affected and as of March the first cases of the disease emerged, as well as measures to contain the pandemic with isolation decrees, and cases of collapse in health systems with large numbers of patients and deaths.

Despite providing various services in the services of the Emergency care unit (UPA), we know that health is experiencing a major pandemic with new Coronavirus (SARS-CoV-2), whose disease is called COVID-19, which is highly contagious, being considered one of the biggest challenges in health on a global scale, with implications on issues of a biomedical, epidemiological, provoking and

social fields such as: political, economic, historical and cultural. According to Teixeira et al (2020, p.6):"The Covid-19 pandemic has produced significant numbers of infected people and deaths worldwide. [...] by the new coronavirus, mainly affecting the American and European continents."

Therefore, in the municipality of Marataizes – ES, it was no different, despite preventive measures having been adopted even before the first case occurred. The actions initiated aimed to reduce the impacts of the pandemic. But, unfortunately, the municipality has even reached the highest level. As a result, concerns and fear spread throughout the population and with the health professionals who are at the forefront of this pandemic. “Marataizes became the municipality most affected by the

Coronavirus pandemic in southern Espírito Santo. [...] The situation could have been worse, but measures that anticipated the problems were put into execution.” (The Fact, 05/20/2020)<sup>1</sup>

Given the above, we have a whole look at all these aspects, we sought to analyze in this study the mental health of professionals who work in the front line of the COVID-19 fight in an emergency care unit in the city of Marataízes-ES.

This study was justified by the fact that we are experiencing with great intensity in the world the Coronavirus pandemic that has caused cases of breakdowns in health systems and demanding measures to contain them. In Brazil, in the states and municipalities, laws, decrees and norms were emerging to protect the population and health professionals.

We know that humanity has historically gone through numerous pandemics such as: smallpox, measles, cholera, influenza caused by H1N1, H2N2, H3N3 in 1968-69 and by H5N1, in cycles repeated for centuries. the mental health of professionals who work on the front line to combat COVID -19 in different contexts of action and levels of exposure to the disease. Souza (2020, p.20) states that: “COVID-19 brought an impact on the lives of individuals at a global level, calling attention to the reach it had and the speed with which it spread”.

Thus, this research was carried out in the Emergency Health Care (UPA) of the Municipality of Marataízes - ES, having as Research Subjects, the professionals from the Emergency Health Care (UPA) of the Municipality of Marataízes - ES, whose Search Problem was: What is the potential impact on the mental health of professionals who work on the frontlines of the COVID-19 fight in an Emergency Room in the city of Marataízes-ES? In him 38 (thirty-eight) nurses work, 63 (sixty-three) nursing technicians, 05 (five) general practitioners, 02 (two) pediatricians.

It has 01 (one) orthopedic doctor who works every day as an immobilization technician. The dental service is offered every day of the week, from 09 (nine) to 21 (twenty-one) hours, focusing on emergency oral health and prioritizing workers who do not have access to administrative hours.

It also has the services of Laboratory, X-ray with fingerprint, electrocardiogram, urgent and emergency room, adult and pediatric medication station, as well as 25 beds (twenty-five) adult and 04 beds (four) pediatric rest,

in addition to 02 (two) isolation sectors, and also has removal services with 06 ambulances, with 24 (twenty four) hours service. Thus, a public health space for urgent and/or emergency cases, contributing for the population to have a healthy, full and quality life.

In this perspective, we believe in the fundamental role of UPA Health Professionals in this pandemic for health promotion. Therefore, under these circumstances, this research gave a dimension of their reality in the work environment and in their personal life, thus, an opportunity to seek to understand the different experiences in relation to this pandemic. That it made it possible to know the countless possibilities of actions that excel in the care provided to this specific segment of professionals, and also enable the performance of previous interventions in complicating physical, social and emotional situations.

In view of the above, this study is justified by trying to measure the proportion of the impact of COVID-19 on the mental health of professionals who work on the front line to combat COVID-19 in a UPA city of Marataízes-ES, permanently and with contact direct with the population allowing them to potentially detect diseases and trigger treatment and prevention measures in a timely manner in the numerous challenges.

## II. TWO-COVID-19: THE GREAT PANDEMIC

We are experiencing a major pandemic with COVID19, that means it is happening on a large scale the abnormal increase in people infected with Coronavirus known as SARS-CoV-2. This disease was officially declared by the World Health Organization (WHO) on March 11, 2020. Corroborating, Medeiros (2020, p.3) emphasizes that:

A person with a new coronavirus infection transmits it to two or three other people, depending on environmental conditions. Closed places with poor ventilation and low light facilitate the transmission of the virus. This transmission rate is called the reproductive number, which in COVID-19 varies between 2.0 and 3.5.

It is a disease that is transmitted through droplets and contact, especially in closed places and hospital environments, in addition to touch contaminated objects and then touch eyes, mouth and/or nose.

[...] the pandemic is experienced on a global scale, it does not mean that it is experienced in an equal, homogeneous, universal way. Despite Covid-19 being a disease with standardized biological

<sup>1</sup><https://www.jornalfato.com.br/cidades/marataizes-intensifica-combate-ao-coronavirus,357467.jhtml>. Accessed on August 11, 2020.

mechanics, the way the disease reveals itself socially is different and depends on a number of issues. (FIOCRUZ MINAS, 2020).

COVID 19 has the following symptoms: fever, nasal congestion, dry cough, muscle fatigue, sore throat, difficulty breathing, diarrhea and loss of smell. It is a disease that causes major complications in adults over 60 years of age and people with the following comorbidities: chronic respiratory diseases, diabetes, cancer and cardiovascular diseases, which can then appear more severe symptoms.

An important factor in the transmissibility of COVID-19 is the high viral load in the upper respiratory tract, even among pre-symptomatic patients, which distinguishes it from other respiratory diseases. In many individuals, particularly the elderly, the diagnosis of infection based on symptoms is more difficult: many do not have fever, have chronic cough due to other pathologies, or present dyspnea on exertion due to previous heart failure. In a nursing home outbreak in the United States of America, screening alone based on clinical symptoms failed to diagnose many elderly people with infection and was not sufficient to control the transmission of COVID-19. (MEDEIROS, 2020, p.3).

Coronavirus has an incubation period, that is, the time it takes between infection by the virus and the onset of disease symptoms, which range is from 1 to 14 days, however, it is around 5 days. This being the justification for the campaign of social isolation, in order to prevent the spread of COVID 19 due to pathogens from one place to another, which can go unnoticed in crowds at home, in clubs, on the streets, bus stations, airports, bus stations and others places. It is noteworthy that in addition, asymptomatic people infect others.

### III. THE IMPORTANCE OF EARLY SERVICE UNITS (UPA)

The Family Health Strategy (ESF) emerged to tune into the principles of universality and equity of care, with integrated actions aimed at defending the lives of citizens. It is fully structured for health care, carrying out new sectorial practices, aiming at the inseparability between health promotion and clinical work.

The World Health Organization (WHO), in its International Conference on Primary

Health Care (PHC), held in 1978 in Alma Ata, reaffirmed health as a fundamental human right. Furthermore, it advocated, as the most important global social goal to be achieved, the attainment of the highest possible level of health, which requires the action of many other social and economic sectors, in addition to the health sector. (CaSAPS, 2019, p.3).

This new strategy came to establish a new relationship between health professionals and the community in general, seeking to develop humanized actions, intersectorially articulated and with technical skills. That is, develop health actions based on knowledge of the local reality and the needs of a given population. It configures a new concept of work without the team members having a new form of bond that is different from the traditional biomedical model. (TEODOSIO; LEANDRO, 2020).

Health care allows for greater diversity of actions and seeks permanent consensus, as it is a relationship based on interdisciplinarity that values the permanent encouragement of communication between the team members in a horizontal manner. This required significant professional changes in the individual, family and community approaches for its effective implementation.

Therefore, there is the exercise of a new practice, built in a democratic and participatory way that starts from a solidary premise, which is capable of transforming people into true social actors, being subjects of the development process itself.

In this perspective, it seeks to favor as much as possible the approximation of the family health unit, so that they have access to services, establishing bonds between the team and its users. With this, the continuity of care increases through the co-responsibility of care, the ability to solve the most common health problems, and, consequently, producing a greater impact on the local health situation. According to Velloso et al (2016, p.5):

Collective health demarcates a broader conception than public health. The latter should be based on a collective health perspective, which is translated as a movement, an institutionalization process, which allows seeing the human being in its multidimensionality, only capable of being understood interdisciplinary, and whose action on it should be interprofessional.

For this, the Ministry of Health expanded its partnership with State and Municipal Health Secretariats for the development of Family Health. In its

implementation, it provided training opportunities to intensify the in-service qualification of the professionals who make up the teams. According to Oliveira et al (2015, p.239):

The Health System in Brazil is structured into three complementary hierarchical levels of health care – primary care, of medium and high complexity. Each of these components of the care network must participate in Emergency Care, respecting the limits of its complexity and resolution capacity. It is expected that the population in need of care can be welcomed at any level of care and referred to other levels when the complexity of the care required exceeds the service's capacity for assistance.

It is important to highlight that the organization of the teams' work is centered on the users' needs and continually seeks to improve the quality of services provided to the population. All of this has been consolidated as a strategy for the reorganization of Basic Health Units (UBS), in line with the Guidelines of the National Primary Care Policy (DPNAB).

The UPA is a service that is part of the National Urgency and Emergency Policy of the Ministry of Health, which was implemented in 2003, comprising the organized network of emergency care 24 (twenty four) hours with the objective of integrating attention to emergencies. Silva et al (2020, p. 30) state that:

Public health in recent years has been showing an increasing demand in the emergency service, due to users not starting their preventive care in Primary Health Care, the main gateway to the system. [...] indicates a significant number of users [...].

UPAs can be of 3 (three) sizes:

- Size I: is that unit that has a minimum of 7 observation beds, has an average service capacity of 150 (one hundred and fifty) daily patients; with a population in the coverage area of 50 (fifty) to 100 (one hundred) thousand inhabitants.
- Size II: is that unit that has a minimum of 11 (eleven) observation beds, has an average service capacity of 250 (two hundred and fifty) daily patients; with a population in the coverage area of 100 (one hundred) thousand to 200 (two hundred) thousand inhabitants.
- Size III: it is one that has a minimum of 15 (fifteen) observation beds, has an average service capacity of 350

(three hundred and fifty) daily patients with a population in the coverage area of 200 (two hundred) thousand to 300 (three hundred) thousand inhabitants.

In this scenario, the Emergency Care Units (UPAs) emerge as one of the strategies of the National Emergency Care Policy for better organization of care, articulation of services; and definition of resolving flows and references.<sup>3</sup> This strategy appears as one of the resolving initiatives for the problem of overcrowding in hospital emergencies. (OLIVEIRA ET AL, 2015, p.239).

They work 07 (seven) days a week, striving to resolve most of the emergencies that arise, such as fractures, pressure, cuts, high fever, stroke and heart attack. With this, they contribute to the reduction of queues in hospital emergency rooms.

It is noteworthy that they innovate by offering a simplified structure, with pediatrics, X-ray, electrocardiography, examination laboratory, in addition to observation beds, because when the user arrives at the units, they must be properly attended to, so that doctors provide assistance, aiming to control the problem and detail the diagnosis. After analysis, if necessary, they are referred to a hospital or kept under observation for 24 (twenty-four) hours.

#### IV. HEALTH PROFESSIONALS: CHALLENGES AND CONTRIBUTIONS

The Coronavirus Pandemic has spread to all continents, contaminated millions of people, and in Brazil, at the moment, we have more than 100,000 (one hundred thousand) deaths, in the State of Espírito Santo, we have:

The Holy Spirit registered until Sunday (9), 2,735 deaths by Covid-19. The number of confirmed cases reached 91,791. The disease lethality rate in the state is 3%. The data were released on the Covid-19 Panel Platform, of the State Government, has affected the entire society and increased the discussion in the health area. (08/09/2020).<sup>2</sup>

As a result, we are living in the midst of the most recent pandemic that has contributed to the growth of the crisis in the health of the population and health

<sup>2</sup><https://g1.globo.com/es/espírito-santo/noticia/2020/08/09/es-chega-a-2735-mortes-e-91791-casos-confirmados-de-coronavirus.ghtml>. Accessed on August 12, 2020.

professionals who are at the forefront of this battle. ANDexposed to the risks of the new Coronavirus, who need good working conditions, care, protection and safety, as they are the first to suffer the impacts of this pandemic. It is worth highlighting the activity of researchers who seek to develop a vaccine against this virus as quickly as possible.

The State Health Department (SESA) issued Ordinance No. 129-R, published in the Official Gazette of the State of Espírito Santo last Saturday, July 4th, with the new classification map of the risk of contamination by the new Coronavirus in the municipalities of Espírito Santo . According to the new mapping, which came into effect this Monday, July 6th, the Municipality of Marataizes remains classified as High Risk of contamination. This means that the Municipality must continue to adopt all preventive and combat measures against Covid-19 provided for by the legislation relating to the pandemic.<sup>3</sup>

Given the above, it is clear that the city of Marataizes-ES, has a big increase in the number of people seeking the services of the Basic Health Unit (UBS) and Emergency Health Care (UPA), has worried everyone, and with that, there are discussions about when and what services to seek according to the problem and the degree of health presented by the patient.

The Mayor of Marataizes, [...] inaugurates [...] the new Family Health Strategy (ESF) Cidade Nova “Francisco Benício Leite”, which will serve around 6,430 people. This will be the second ESF unit inaugurated this year by the current administration, the first was in June, in Barra de Itapemirim. [...] objective is to increase and improve the coverage of the ESF to the population. “We identify where there is a greater demand for service and where it is also necessary to improve service even further, bringing quality of life and comfort to our residents. Some families need to move to units far from their homes and with the re-

mapping, we bring the service closer to citizens.”, explains the secretary.<sup>4</sup>

It cannot be denied that it is professionals and health workers who are directly and indirectly involved in dealing with the pandemic. Thus, they are very exposed to the risk of Coronavirus contamination, as they are the different workforces needed in this pandemic, involving the various categories of these professionals. Authors claim that some problems in these professionals have increased, such as:

Problems such as increased physical fatigue and psychological stress, insufficiency, and/or negligence with regard to the protection and health care measures of these professionals, moreover, do not affect the various categories in the same way, and it is necessary to pay attention to the specifics of each category, in order to avoid reducing their work capacity and the quality of care provided to patients. (REDECOVIDA, 2020, p.4).

Therefore, it is extremely important to be concerned with protecting the health of these health professionals, because it is necessary to avoid complications caused by COVID-19. Hence the importance of adopting clinical care, such as control protocols and adequate availability of Personal Protective Equipment (PPE), which are: masks, coats, eye protection, gloves, boots, aprons, gloves, sunscreen and other protective items at your workplace.

Therefore, we must consider that health professionals not only deal with the issues that already afflict the rest of the population, but also suffer a greater risk of exposure to the disease, more intense work shifts, transfer or changes in their work environment and dilemmas morals.<sup>5</sup>

We know that the new Coronavirus, made people distance themselves to prevent the spread of the disease. However, not all of them were able to isolate themselves, including health professionals, who, due to their work in combating the pandemic, are on the front lines. In this context, health professionals face numerous problems, including:

<sup>4</sup><https://www.marataizes.es.gov.br/noticia/ler/2718/prefeitura-de-marataizes-inaugura-esf-cidade-nova-nesta-quarta-feira-24>. Accessed on August 13, 2020.

<sup>5</sup><https://pebmed.com.br/a-ansiedade-nos-profissionais-de-saude-durante-a-pandemia-pela-covid-19/>. Accessed on August 11, 2020.

<sup>3</sup><https://www.marataizes.es.gov.br/noticia/ler/3309/covid-19-marataizes-permanece-na-classificacao-de-alto-risco-de-contaminacao>. Accessed on August 12, 2020.

The main problem is the risk of contamination of professionals, which has generated absence from work, illness and death, as well as producing intense psychological distress, which is expressed in generalized anxiety disorder, sleep disorders, fear of falling ill and contaminating colleagues and relatives. (REDECOVIDA, 2020, p.2).

Given all this, health professionals have to work, experiencing rapid spread of the disease, patients with severe symptoms, in addition to great concerns with the health systems themselves in dealing with the demands that involve the number of beds and availability of respirators. Hence the need to assess and reflect the conditions that these health professionals must have to exercise their functions. The author Medeiros (2020, p. 3) discusses that:

Data from the teams of health professionals on the front line of care for COVID-19 cases show physical and mental exhaustion, difficulties in decision making and anxiety due to the pain of losing patients and colleagues, in addition to the risk of infection and the possibility of transmit to family members.<sup>(3)</sup> Thus, ensuring medical care for health professionals and psychological support are essential. Likewise, perform diagnostic tests on the symptomatic quickly.

It is extremely important to map the related characteristics of the work of these professionals in the midst of this pandemic, as well as the initiatives that are being carried out and the challenges faced by them, to do so, identify the coping strategies used by them.

## V. METHODOLOGY

This research included based bibliographic studies in articles, dissertations and theorists that address the theme, which contributed to a reflection, from which it was possible to obtain information about the mental health of Health Professionals working in the Covid-19 pandemic scenario that in the current historical context in which we are inserted, it becomes necessary to study the problems and the weaknesses they face.

This was a survey This qualitative study aimed to analyze the mental health of professionals who work on the frontlines against COVID-19 in an emergency care unit in the city of Marataízes-ES. According to Santos et al (2018, p.14):

The search qualitative is demarcated by a strong humanistic, interactional and empathic factor. [...] Due to the characteristics that constitute qualitative research, it is constantly questioned regarding its scientific rigor. [...] of qualitative studies involving different perspectives, used not only to increase their credibility, by implying the use of two or more methods, theories, data sources and researchers, but also to enable the apprehension of the phenomenon at different levels, considering, in this way, the complexity of the objects of study.

For its development, the questionnaire instrument was applied to the participating subjects. According to Bernd; Anzilago (2019, p.18): “[...] questionnaire is a data collection instrument represented by a series of ordered questions presented in different ways (open, closed, multiple choice)”. This gave analyze and understand the perceptions of mental health of Health Professionals and faced against the scenario of the Covid-19 pandemic.

## VI. RESULTS AND DATA ANALYSIS

The data collected from the 45 (forty-five) employees were tabulated and analyzed using descriptive statistics of the variables, aiming to identify the profile of the sample and all the data, where it was possible to see that the team has a significant number of young professionals, that is, from 18 to 30 years of age, the team has a good level of education, and

almost half have very little time of experience, but they work together with a group with great experience in the area of Health.

We realized that almost half have very little time of experience, but they work together with a group with great experience in the area of Health and that there was an increase in the number of professionals to meet the demand, and more knowledge about the Coronavirus was acquired at work, but communication was also a significant target about it.

It was clear in the survey that the work was cited by the participants as the largest provider of knowledge of Coronavirus, followed by the awakening of reading, the interest of each health professional to the new, followed by the media (TV) which also represents a significant target on the same. It became clear that it is a work team that has healthy health, but almost half of the UPA employees had symptoms of Covid 19, as almost half of the UPA

employees during this period of the research had already contracted Covid 19. The Nursing Council states that in relation to nurses:-material information about Coronavirus and what the precautionary measures that are adopted in your work environment are those of l.avaagem of hands, oronly 70% alcohol gel, and Personal Protective Equipment (PPE).

Protecting the health of health professionals, therefore, is essential to avoid complications from COVID-19, as well as the adoption of clinical care, with clear infection control protocols (standard, contact, airway) and adequate availability of PPE in your workplace, including N95 masks, aprons, eye protection, shields and gloves. In addition, the concern with the mental health of health professionals and workers emerges, due to the stress they are subjected to in this context. (REDECOVIDA, 2020, p.4-5).

We realized that the biggest concerns of Health professionals in relation to the COVID Pandemic 19 is to be exposed to the disease and transmit it to their families.

Professionals and health workers directly and indirectly involved in fighting the pandemic are daily exposed to the risk of becoming ill with the coronavirus, and the heterogeneity that characterizes this contingent of the workforce determines different forms of exposure, both to the risk of contamination and the factors associated with the working conditions of the different professional categories. (REDECOVIDA, 2020, p.4).

There were numerous comments from participants in relation to the challenges faced in working against the COVID-19 Pandemic scenario. For example: "At the beginning of the pandemic, we faced many professionals who were unprepared and panicked and with little work material; respirators, we only had two, and the people do not protect themselves, even with so many deaths." (Employees 44). "[...] there are several: emotional, overload, lack of vacancies for patients, little knowledge about this disease that is new to us so far, among others..." (Staff 12). Thus, according to REDECOVIDA (2020, p.2):

The main problem is the risk of contamination of professionals, which has generated absence from work, illness and death, as well as producing intense psychological distress, which is expressed in generalized anxiety disorder, sleep

disorders, fear of falling ill and contaminating colleagues and relatives.

It was very clear that there is a need for urgent measures both in the work environment and in the emotional aspects of employees, as well as improvement in the work for the prevention of COVID-19, as the approaches were numerous, it is worth noting: "It should only offer a closed hospital for Covid, treatment and hospitalization, I see it's mixing a lot. Surveillance is not contacting patients. " (Employees 21). "Continuous training and better information for working professionals." (Employees 5). As well as: "More guidance on the subject to continue using PPE and not relax, because this disease is terrible and takes us by surprise." (Employees 44). Among others, the need to receive more guidance is noticeable.

Therefore, [...] infection control measures among teams of health professionals, proposals for change in the organization of the work process, in the training of personnel and in the protection and assistance to the mental health of health professionals, concluding with a set of recommendations to managers of health institutions and services in order to support the adoption of measures to promote, protect and assist the health of professionals and workers who are at the forefront of the fight against the pandemic. (REDECOVIDA, 2020, p.2)

In relation to challenges to maintain its balance against the COVID-19 Pandemic scenario, there were numerous approaches, which we highlight: "We are courageous and ethical[...] I have never seen so much suffering, finally, and continue to help and suffer together with the population who suffers. This for me was the biggest challenge." (Employees 36). "A look like all health professionals in Brazil, where they are so devalued by the government of our country [...]." (Employees 12). According to CONASEMENS (2020, p.7):

We are going through an unprecedented crisis in the history of the Unified Health System. As if not enough so many challenges faced in daily life, now with the Covid-19 pandemic, we have to deal with this acute and serious situation, causing an even greater burden and abruptly for our healthcare system. The moment requires tranquility, planning and a lot of solidarity and collaboration.

All of this made it possible to realize the urgent need for improvement measures for the health of the

Brazilian people in general and also for the professionals who work in it.

## VII. FINAL CONSIDERATIONS

We know that in 2019, the disease started in the world caused by a new coronavirus, Sars-CoV-2 that was discovered in China and this was called COVID-19, which ended up spreading very quickly around the world and with a very high rate of contagion and mortality. Being the target of this study.

During the course, it was possible to analyze the mental health of professionals who work on the front line to combat covid-19 in an emergency care unit in the city of Maratáizes-ES, which made it possible to realize the importance of health, as it is a fundamental human right, which was advocated by the United Nations (UN) and the World Health Organization (WHO)

This pandemic invites everyone, especially health professionals to question, discuss and reflect on the role of health, the patient's rights and their own right. Not least because, since the promulgation of the 1988 Constitution, it has been recognized as a good for every citizen.

It was noticeable in this study the need to understand the functioning of the UPA, which was the locus of this research, considering the context of the health system, its employees and attention to the emergencies in which it is inserted. Therefore, it should strive for a work of humanization of practices and attention to it, especially those linked to public health.

Therefore, the results of this study revealed the importance of integrated planning and the reformulation of some components of the care network and especially the lives of employees in the Health area. Thus, this research, in addition to providing space for these professionals, provided an opportunity for analysis and discussion and presentation of propositions by all involved actors.

It is expected, therefore, to contribute to decision-making, management and implementation of actions in health services that will meet the demands, concerns and perceptions of everyone involved in the process. Therefore, we believe it is possible to mature the reflections proposed here in order to seek ways to rethink and develop the quality of life and mental health of the UPA health professionals in all its dimensions.

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